

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent #	10/517221		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing				\$ 150
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
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Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance		REFUND COMPLETED PCT NATIONAL DIVISION		\$
Assignment				\$
Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 150	
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment		Treasury Check		
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #: 9 50 -- 0320		
No Fee Due (Explanation):		REFUND COMPLETED PCT NATIONAL DIVISION		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		TITLE: <u>Pauline</u>		
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>		
OFFICE: <u>PCT</u>		X209		
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APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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